

**NOTICE AND ELECTION FORM**  
**FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) PROGRAM**  
**ELECTION FORM: EXTENSION OF COVERAGE WHEN CALLED TO ACTIVE DUTY**  
**(Retroactive Elections)**

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

***You must make your election on this notice and return it to the employing office within 60 days of receipt of this notice. Please contact your servicing HRO as soon as possible if you are interested in retroactively electing to continue your FEGLI coverage***

Public Law 110-181, the Department of Homeland Security Appropriations Act, enacted January 28, 2008, authorizes the continuation of FEGLI coverage for an additional 12 months, up to a total of 24 months, for Federal employees called to active duty in the uniformed services.

We have determined that you are eligible to continue your FEGLI coverage. Currently, if you are in a nonpay status on the agency rolls while on active duty, the FEGLI coverage continues free for 12 months. If you separate to go on military duty, for FEGLI purposes, you are also considered to be in nonpay status. FEGLI continues free for 12 months or until 90 days after military service ends, whichever date comes first. At that time, the coverage terminates, subject to a 31-day extension of coverage and the right to convert to an individual policy.

The new law allows you to continue FEGLI coverage for an additional 12 months. You may also elect to retroactively reinstate your FEGLI coverage but choose to reduce the coverage of any optional insurance. Then, it will end with a right to convert to an individual policy. During the additional 12 months of coverage, you must pay both the employee and agency share of premiums for Basic coverage and the full premium for any Optional coverage (there is no agency contribution). The new law allows coverage to continue only for the additional 12 months.

Because your FEGLI first 12 months of free coverage terminated on or after the law's effective date of January 28, 2008, but before you received this notice, you may retroactively elect the continued 12 months of coverage. If you make a retroactive election your FEGLI coverage, previously terminated, will be reinstated to the effective date of the termination for a period 12 additional months on a self-pay basis.

If your coverage was previously terminated following the end of the first 12 months of free coverage and you subsequently converted your FEGLI coverage to a private policy, you are not eligible for the opportunity to retroactively elect to continue FEGLI for an additional 12 months.

If you wish to retroactively continue your FEGLI coverage for an additional 12 months, you must agree to the following terms and conditions. Please indicate your election on this notice by writing your initials next to your election, and print your name and sign your full signature where requested.

**TERMINATION:** If you elect to not reinstate your FEGLI coverage that was terminated at the end of the first 12 months in a nonpay status, indicate this election on the "Notice and Election Form." The FEGLI coverage in place when your nonpay status began will be reinstated automatically upon your return to work in pay and duty status.

**CONTINUATION:** If you elect to continue your FEGLI coverage, you must pay the retroactive premium and prospective bi-weekly premiums that include both the employee and agency share for Basic coverage and the full premium for any Optional coverage. You must submit payments directly to the designated Payroll Disbursing Office on a bi-weekly pay period as instructed by your employing agency. Employees will be

permitted to send in advance payments due to the sensitivity of their mission and possible delay of mail service at various locations.

## Notice and Election Form

I have read this notice, and understand my choices.

\_\_\_\_\_ I elect not to reinstate my FEGLI coverage that was terminated at the end of my first 12 months in nonpay status. I understand that the coverage will be reinstated automatically upon my return to work in pay and duty status in a FEGLI-eligible position.

\_\_\_\_\_ I elect to continue my FEGLI coverage for an additional 12 months retroactive to the date of the completion of my first 12 months in nonpay status. By choosing to continue coverage I agree to pay the applicable premiums, both the employee and the agency share for Basic coverage and the full premium for any Optional coverage, for each additional month after the first 12 months in nonpay status. My failure to pay the premiums on a bi-weekly basis within the required timeframe (FEGLI coverage will terminate after two consecutively missed payments) will constitute a voluntary cancellation of my coverage, subject to the 31-day extension of coverage and the right to convert to an individual policy.

\_\_\_\_\_ I elect to continue and reduce my FEGLI coverage retroactively for an additional 12 months from the date of the completion of my first 12 months in nonpay status. By choosing to reduce my FEGLI coverage I agree to pay the applicable premiums, both the employee and the agency share for Basic coverage and the full premium for any Optional coverage, for each additional month after the first 12 months in nonpay status. My failure to pay the premiums on a bi-weekly basis within the required timeframe (FEGLI coverage will terminate after two consecutively missed payments) will constitute a voluntary cancellation of my coverage, subject to the 31-day extension of coverage and the right to convert to an individual policy. ***A letter must accompany this form outlining the FEGLI coverage that you would like to become effective after your initial 12 months. Your Servicing Human Resource Office Representative must fax this form to the Defense Civilian Payroll, Fax# (317) 510-9771 or DSN 699-9771.***

***Upon return of the completed form, your Human Resources Office will provide you with additional information to include the bi-weekly cost of premiums, effective date, timelines, copy of the payroll remittance form, and explanation on what happens when premiums not received. The cost of your premiums are subject to change due to the coverage that you elect, increase in pay, and changes to age groups which are used to calculate the cost of FEGLI coverage. Upon your return to duty, your FEGLI coverage will be restored to the election which was in place prior to being placed in a nonpay status.***

\_\_\_\_\_  
(Employee's Name – Please Print)

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employing Agency Representative Name)

\_\_\_\_\_  
Employee's Payroll Office Identification (PRO)

(i.e., The PRO ID is an eight digit number such as 97380200, 97380300, 97390600 etc. shown on the LES.)

\_\_\_\_\_  
(Employing Agency Representative Signature)

\_\_\_\_\_  
(Date)

If you have any questions, contact \_\_\_\_\_ via email \_\_\_\_\_ or phone,  
\_\_\_\_\_. *[Insert name, email address, and phone number of agency contact]*